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BROWN ON SURGICAL DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during March, 1855.

Excision of Malignant Tumours.—*Case 1.* A woman, aged about 40, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. She was unmarried and very spare. The tumour, which was a scirrhus mass in the right breast, had been growing ten months. There was no history of cancer in the family. The breast was excised, and also an enlarged axillary lymphatic. Doing well. *Case 2.* A woman, aged 62, under the care of Mr. Hawkins, in St. George's Hospital, on account of scirrhus of the breast. The entire gland was removed. Doing well. *Case 3.* A middle-aged woman, under Mr. Prescott Hewett's care in St. George's Hospital, on account of returned scirrhus in the cicatrix after amputation of the breast. Under treatment. *Case 4.* A woman, aged 56, under the care of Mr. Fergusson, in King's College Hospital, on account of scirrhus of the breast. The whole gland was removed. The tumour,

however, was not very large. Sloughing attacked the wound, and the patient sank exhausted on the third day. *Case 5.* A cachectic woman, aged 53, under the care of Mr. Fergusson, in King's College Hospital. The left breast had been excised four years ago, on account of scirrhus, and the same disease had now returned in the axillary lymphatics. In the operation the mass was found to be attached to the sheath of the axillary vessels, and it was, therefore, impracticable to remove every part. The wound has since done well, and is healing. *Case 6.* A man, aged 35, apparently healthy, under the care of Mr. Fergusson, in King's College Hospital, for an epulis growing from the right side of the upper jaw. After removal it was found to have a malignant character. The wound healed well. *Case 7.* A man, aged 58, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a small epithelial cancer of the lip. It was said to have existed fifteen years, and had increased very slowly. Excision. Recovery. *Case 8.* A man, aged 70, under Mr. Shaw's care, in the Middlesex Hospital, on account of epithelial cancer of the

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lip of one year's duration. The growth, as also an enlarged gland from beneath the jaw, was excised. Recovery. *Case 9.* A man, aged 27, under the care of Mr. De Morgan, in the Middlesex Hospital. A tumour, the size of a walnut, extended from opposite the first molar tooth across the median line of the hard palate, not, however involving the soft palate. It was said to have been increasing in size for seven years. After excision it was found to be of cancerous nature (medullary), and did not appear to have grown from either the gum or the bone. There was some hemorrhage afterwards but it was arrested, and the wound subsequently healed well.

See also "Removal of the Testis" and "Amputation of the Penis."

Amputation of the Penis.—A man, aged 58, under the care of Mr. Cock, in Guy's Hospital, on account of epithelial cancer, involving both glans and prepuce. The disease had existed seven months. The prepuce was first divided in order to examine, and in the hope that amputation might not be needful, but the disease was found to involve so much that nothing less than removal of the organ would have been warranted. The case is doing well.

Removal of the Testis.—*Case 1.* A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the right testis complicated with hydrocele. He had the appearance of good health. The disease had existed a year and six months. The cord was not enlarged, and there were no indications of affection of the lumbar glands. After removal, the gland, which was larger than a fist, presented a remarkably good specimen of medullary cancer. The patient recovered well, and has left the Hospital. *Case 2.* A boy, aged 9, under the care of Mr. Canton, in the Charing-Cross Hospital, on account of cancer of the right testis. He was a florid, healthy-looking boy, but of thin skin and bright glistening eyes. There was no history of hereditary predisposition, and the disease was referred to a kick, which had been received some time before. The tumour was as large as a fist, and presented, after removal, the usual features of soft cancer. The cord was not perceptibly diseased. The wound healed kindly, and he soon left the Hospital. Within a month of the operation, however, the cord began to enlarge, and there were indications of disease of the

lumbar glands. The disease in both these regions rapidly progressed, but no ulceration occurred. The child died asthenic, and worn down to a skeleton rather more than three months after the operation. The *post-mortem* discovered an enormous growth of medullary cancer from the lumbar glands of the same side as the original disease, by which the viscera had been much displaced. The cord was also the seat of cancerous infiltration.

Excision of Non-Malignant Growths.

Case 1. A healthy young woman, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of a large tumour in the left thigh. It had been increasing in size for six years, and now measured $9\frac{1}{2}$ inches in length by $5\frac{1}{2}$ in breadth. In the operation for its removal it was found to extend deeply back to the linea aspera, and downwards into the popliteal space. The cure, although delayed by abscesses in the thigh, was complete in about two months.

Case 2. A woman, aged 50, under the care of Mr. Brooke, in the Westminster Hospital, on account of a fibrous tumour in the buttock. Excision. Doing well. *Case 3.*

A man, aged 51, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of a very large tumour in the neck. The mass was as large as three fists, and consisted of parotid structure, with some cartilaginous portions interspersed. The patient sank, and died four days after the operation. *Case 4.* A fatty tumour, from below the mamma of a healthy woman under Mr. Erichsen's care in the University College Hospital. Recovered. *Case 5.* A girl, aged 10, under Mr. Athol Johnson's care, in the Hospital for Sick Children, on account of an encysted tumour in the cheek. Excision. Recovery. *Case 6.* A woman, aged 30, under Mr. Athol Johnson's care, on account of an enchondromatous tumour in the upper arm, near the axilla. Excision. Recovery. In this case, and the preceding, the freezing mixture was employed to render the parts insensible, and succeeded well. In both the wounds healed kindly.

Excision of Bones and Joints.—Two cases of excision of the elbow-joint, under care respectively of Mr. Fergusson and Mr. Hutchinson, remain under treatment. Both are doing well. The cases reported last month are both of them yet under treatment.

Case 1. A boy, aged 14, was admitted

into Charing-Cross Hospital, having sustained a severe laceration about the elbow-joint. The ulnar nerve had been destroyed. Sloughing and abscesses followed, and the joint having become disorganized, Mr. Cantlon performed excision in the usual way, the H-shaped incision being adopted. The case has since done remarkably well; the parts are now all but healed, and there is a good extent of motion. The little finger continues devoid of sensation. *Case 2.* A man, aged 20, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased elbow-joint. The disease had existed for more than a year and a half, and the soft parts around the joint were much thickened. The patient's health was extremely reduced; he had cough, and was very much emaciated. The H-shaped incision was practised, and the entire joint removed. During the operation, the man sank into a condition of nearly fatal collapse; but after having rallied from that, he progressed well and without interruption. He is now an out-patient; has good motion in the joint, although one or two small sinuses remain unhealed. Since the operation (3 months), he has improved greatly in health, and has gained upwards of two stones in weight.

Removal of Necrosed Bone.—*Case 1.* A man, aged 30, under Mr. Holt's care in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. The sequestrum was removed. Under treatment. *Case 2.* A boy, aged 8, under the care of Mr. Brooke, in the Westminster Hospital, on account of necrosis of the humerus. A very large sequestrum was removed. Doing well. *Case 3.* A girl, aged 16, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of necrosis of part of the tibia. The sequestrum was removed. Recovered. *Case 4.* A woman, aged 49, under the care of Mr. Erichsen, in University College Hospital, on account of necrosis of the lower four-fifths of the radius extending into the wrist-joint. The disease had existed for three years, and a portion had been removed a year ago. The whole of the affected part was now excised. The case is doing well. *Cases 5, 6, 7, and 8.* These cases do not call for special mention; all are doing well.

Operations for Stricture of the Urethra.—*Case 1.* A healthy man, aged 45, under the care of Mr. Fergusson in King's College

Hospital, on account of stricture of nine years' duration. Perineal section had been performed three years ago, and the wound had never since quite healed. The stricture had now got into nearly as bad a condition as at first, and only a very small instrument could be passed through it. Mr. Fergusson performed perineal section for a second time, freely dividing the diseased tract. A flexible catheter was retained for twelve days after the operation. The patient has done well. A No. 9 silver catheter can now be introduced, but the wound is not yet closed. *Case 2.* A healthy labourer, aged 45, under the care of Mr. Fergusson, in King's College Hospital, for stricture, of eighteen years' duration, the result of gonorrhœa. There were two fistulous openings over the pubes, and one in the scrotum, through all of which urine passed freely. The stricture began almost at the meatus, and no instrument could be passed. The operation consisted in first dividing the anterior stricture from within by a lancetted stilette, after which a grooved staff was carried down to the triangular ligament. Guided by the latter, perineal section was performed, and a No. 5 gum catheter passed into the bladder. A good deal of blood was lost. A large slough subsequently formed in the scrotum. The parts are now healing, but the patient has continued since the operation in a very low condition.

Case 3. A man, aged 43, under the care of Mr. Quain, in University College Hospital. He was admitted with an abscess in the perineum, and stated that he had had an attack of retention as long ago as eighteen years, since which he had never had an instrument passed. Mr. Quain with difficulty succeeded in passing small instruments, but could get no higher than No. 3. Perineal section was performed under these circumstances. A No. 7 catheter was left in after the operation for about thirty-six hours. The case is doing well. *Case 4.* A man, aged 31, under the care of Mr. Erichsen, in University College Hospital, on account of stricture of seven years' duration. During the last three years the surgeon who had treated him had been unable to pass an instrument. Mr. Erichsen succeeded in passing Nos. 4, 5, and 6, but subsequently determined to divide the stricture. Perineal section was performed in the usual way. The patient is doing well.

Puncture of the Bladder.—A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, had suffered from a traumatic stricture of the urethra for several years. Retention occurred, and the bladder became distended, the patient suffering extremely. Catheterism being impracticable, and the free employment of opium, etc. having failed to procure relief, Mr. Birkett punctured the bladder by the rectum. The canula was retained fourteen days, and then removed. No catheter has yet been introduced, the stricture being very tight. The urine has continued up to the present time to flow, chiefly by the rectum; a very small quantity escaping by the urethra. The man has suffered from a low form of pneumonia, and been very ill, but he is now recovering.

Tracheotomy.—*Case 1.* A man of middle age, under Mr. Lloyd's care, in St. Bartholomew's Hospital, on account of syphilitic ulceration of the larynx. Most urgent dyspnoea having supervened, it became necessary to perform tracheotomy. The operation was done by Mr. Jowers, the House-Surgeon in charge of the case. At the time of its performance the man was all but asphyxiated, and although it occupied but very little time, yet before its completion he was to all appearance dead. Artificial respiration was resorted to and had to be continued for two hours before it was safe to abandon it. Injections of brandy and beef tea were, during the time, thrown into the rectum. As far as the chest was concerned, the operation was successful; the breathing being permanently relieved. The patient, however, sank and died from exhaustion, four days afterwards. *Case 2.* A girl, said to be aged 16, but looking much older, under care in St. George's Hospital, on account of croup. Tracheotomy was performed by the House-Surgeon, as a last resource, death from suffocation being imminent. The thyroid body was much enlarged. Death took place almost immediately after the opening of the trachea, and appeared to be caused by the entrance of blood into that tube. At the autopsy the incision was found to have passed directly through the isthmus of the thyroid. The lungs were extensively affected by a low form of pneumonia.

Case 3. A boy, aged 3, under care in Guy's Hospital. Tracheotomy was performed by Mr. Callaway, but the circumstances were almost hopeless, and death

followed immediately afterwards. The disease proved to be a post-pharyngeal abscess connected with the spine, which was believed to have pressed forwards upon the trachea. *Case 4.* A child, aged 8, was admitted in St. Mary's Hospital, under the care of Mr. Lane, on the third day after having, according to his own account, swallowed a portion of nutshell. For two days after the occurrence there had been no symptoms of impediment to breathing or other uneasiness. The symptoms on admission were very slight, air entered into both lungs freely, and no particular part of the trachea was referred to as the seat of tenderness or pain. On the sixth day symptoms of impending suffocation had become so imminent that it was determined to open the trachea. Before, however, the operation could be completed the child had expired. Artificial respiration and galvanism were had recourse to, but proved of no avail. At the autopsy a small irregularly-shaped portion of nutshell was found lodged in the crico-thyroid membrane just above the opening made into the trachea. It is right to add that chloroform had been given during the operation, but the patient was never fully under its influence.

Ligation of Varicose Veins.—A healthy man, aged 34, under Mr. Partridge's care, in King's College Hospital, on account of ulcers on the legs, consequent on a varicose state of the superficial veins. Mr. Partridge obliterated the veins in several parts, by means of the needle and twisted suture. The man left the Hospital quite well in about a month.

Paracentesis of the Chest.—The case mentioned last month under care in University College Hospital, has since died of phthisis. On the affected side the lung was every part united to the parietes by adhesions. Dr. Barker's case, and also one under the care of Dr. Burrows, in St. Bartholomew's, remain under treatment.

Plastic Operations.—*Case 1.* A woman, aged 25, confined six months ago of her first child, and delivered by instruments (craniotomy), was admitted into St. George's Hospital, under the care of Mr. Pollock, with a large vesico-vaginal fistula. The cleft extended from the meatus urinarius backwards to within three-fourths of an inch of the os uteri. The operation performed consisted in paring the edges of the flaps, and uniting them by the beaded suture,

lateral incisions being made to relieve tension. Under treatment. *Case 2.* A woman, aged 23, under the care of Mr. Ferguson, in King's College Hospital, on account of the contracted cicatrix of a burn. The right arm was bound nearly close to the side, and the forearm flexed on the upper arm. The axillary cicatrix having been freely divided, the arm was elevated at a right angle with the side, and supported on a rectangular splint. There is every prospect of a good result. The cicatrix at the elbow is to be dealt with at a future time. *Case 3.* A girl, aged 12, under the care of Mr. Hancock, in the Charing-Cross Hospital, on account of extreme deformity, the result of a burn three years before. The chin was drawn down on to the sternum, and the whole features were much distorted. The operation consisted in dissecting up a very large flap, from the left shoulder and upper arm, and transplanting it into a wound made across the neck by the free division of the contracted parts. The flap has united well, and the result will be excellent. *Case 4.*

An infant, aged 8 months, under the care of Mr. Gowland, in the London Hospital, on account of a single hare-lip. The usual operation was perfectly successful. *Case 5.* A boy, aged 8, under Mr. Hancock's care, in the Charing-Cross Hospital, on account of an extremely severe double hare-lip. Parts of the vomer and incisive bone, which projected very much, had to be cut away. Two operations were performed—the first for uniting the lip, the second for making the septum. The success was complete.—*Medical Times and Gazette*, May 12, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Prosecutions for Malpractice.—Prof. FRANK HAMILTON, of Buffalo, N. York, in submitting his valuable report on "Deformities after fractures," to the American Medical Association at its last meeting, makes some verbal remarks which we find reported in the *Buffalo Medical Journal* for June, and which are so interesting, that we take pleasure in transferring them to our pages:—

"Dr. Hamilton said that he had a word to say which did not belong to the report. Prosecutions for malpractice have become so frequent that surgeons were alarmed, and

not a few were abandoning the profession, or refusing altogether to undertake the treatment of grave surgical accidents, and especially of fractures. So frequent were these prosecutions that members were no longer surprised at such statements. If they had heard the speaker say that lawyers were abandoning their profession from this cause, they would have been startled, but to us the fact is familiar.

"It is proper for us, then, to interrogate ourselves. Why is it that we are held to an accountability so much more strict than any other professional men, or than any other artisans? Is it because there are jealous and designing men in our own ranks who instigate these suits? No doubt such men may be found, but only as an exception. The fact is that surgeons have sometimes been mulcted in damages simply because the jury believed, from the united character of the medical testimony, that it was a conspiracy, and the more conclusive the testimony, the more certain, with some jurors, is the defendant to suffer.

"Is it chargeable to the members of another profession—to the lawyers? There may be some men in the profession of law, also, who, driven by the sheer necessity of their circumstances—by their extreme poverty, or who, without any such apology, with only loose notions of right and wrong, encourage and undertake such suits—such are the men who hang about the Tombs in New York, and who may be found, more or less, in every town—but the speaker has reason to believe that honorable and intelligent lawyers seldom countenance these prosecutions. That eminent jurist of the state of New York, Joshua Spencer, has told Dr. Hamilton, that for himself he does not think he ever commenced a suit of this character, although he has been frequently retained as counsel, and he believes his brethren, generally, look upon these complaints with suspicion and refuse to meddle with them.

"Where, then, must we look for an answer to the question, why are these prosecutions against surgeons so frequent? Let the gentleman be assured, the causes are to be found in the *very imperfections of our art, and in our own unwillingness to admit these imperfections*. Surgeons have claimed too much, and it cannot certainly be expected that the world will demand of them less than they claim for themselves.

Again and again surgeons have said that a fracture of the femur might be generally made to unite without any shortening, while the fact is not so. Malgaigne, who is eminently an honest man, says to make this bone unite in an adult person, where the fracture is sufficiently oblique to prevent the ends from supporting each other, is "simply impossible" (*simplement impossible*.)

"Let the profession be wiser in future and acknowledge that they cannot perform impossibilities."

Health of New Orleans.—About the 15th of May last, when quite a fuss was being made in certain quarters about the salubrity of our climate—the mortality of the week, ending on the 19th being in all 136—cholera made its appearance in the Charity Hospital; for a day or two it excited no especial attention, as our physicians have been accustomed to seeing sporadic cases of the disease very commonly since the great epidemic of 1848-9. Soon, however, it became evident that the disease was prevalent, and, although we find no published returns of deaths by cholera separately, we notice the total week's mortality of our city for the week ending on the 29th of May, advanced from 136 to 177, and this without returns from St. Patrick's cemetery, which is well known to be one of the well patronized cemeteries of our city. Allowing the difference between 136 and 177 (41) to be so many deaths from cholera, and adding twenty more deaths by the disease from St. Patrick's cemetery, and we have sixty-one deaths by cholera for the first week of its prevalence—indeed, we have it from reliable authority, that there were really sixty-seven. The disease now increased steadily, as was to be seen, not only by those who frequent the hospital, but by those only engaged in private practice, and the published list of mortality for the week ending on the 28th of May, shows a sum total of 381 deaths, 202 of which were from cholera. Things continued to grow worse until on Monday, June 4, our community was furnished with a published list of mortality showing a total of 504 (1) deaths, 278 of which were from cholera. During the latter days of this fatal week, a decline was noticed in the epidemic, and the next published list of mortality, for the week ending June 10, showed a total of 381 deaths, 201 of

which were from cholera. From this time the epidemic subsided rapidly, and for the week ending on June 17th, we have a published list of 236 deaths, seventy six of which are from cholera. Finally, for the week ending June 24th, we have a published list of mortality showing a total of 191 deaths, forty-eight of which are from cholera.

To the reader of the foregoing statistics it is supererogation to say that New Orleans has not been, during the past five weeks, in a healthy condition; nor is it our province to stop here and inflict on those who so well deserve it, the castigation they merit at the hands of all honest men, for reiterated assertions that New Orleans was *healthy*, while, in addition to what we shall demonstrate to be a large mortality from other diseases, she was losing by cholera, an average of nearly twenty-five of her citizens daily, for five weeks. Nor can we do more in this place than simply call the attention of all right thinking men to the lamentable fact that by these same highly interested and self-constituted guardians of the public health, our Board of Health was sneered at and almost censured, for declaring the disease epidemic, and for warning the people accordingly. It is enough to know now, that the figures (*facts*) most fully sustain them in the act, and insure them in future all that confidence from the community which their neighbours seem to have coveted.

This epidemic of cholera has been particularly severe amongst negroes and little children; it attacked numbers of the latter, amongst high and low, with extreme malignity; little infants from one to three months being subjected to all those distressing symptoms, vomiting and purging of rice water, cramps, etc., and dying within a few hours of the first accession of symptoms. As a rule, however, the patient had plain premonitory symptoms, which could almost always be checked if at once attended to. On the heads of the anti-cholera advocates must rest many of the deaths we have now to record.—*New Orleans Medical News*, July, 1855.

Massachusetts Medical Society.—This Society offers a prize of one hundred dollars to the author of a dissertation, which may be judged worthy thereof, on "the history and statistics of ovariotomy, and

under what circumstances the operation may be regarded as safe and expedient."

The prize is open to the profession throughout the country. Essays must be accompanied by a sealed envelope, and the one containing the name of the successful competitor will be opened at the annual meeting in May, 1856.

Rhode Island Medical Society.—At the 44th annual meeting on the 6th June last, the Fiske Fund prize of \$50 was awarded to Dr. Albert Newman, of Attleboro', Mass., for the best dissertation on croup. A prize of \$100 was also awarded to Dr. Edwin Lee, of London, for the best essay "On the influence of climate on tuberculous diseases."

Naval Medical Board.—The Naval Medical Board for the Examination of Assistant Surgeons in the Navy for promotion and of candidates for admission into the Navy, having concluded its duties, has been dissolved, and the following is the result:—

Assistant Surgeon Thos. B. Steele, to rank next below Passed Assistant Surgeon Edw. R. Squibb.

Assistant Surgeon A. Nelson Bell, next below Passed Assistant Surgeon John Ward.

Assistant Surgeon Charles Martin, next above Passed Assistant Surgeon F. M. Gunnell.

Assistant Surgeon Charles H. Williamson, next below Passed Assistant Surgeon S. Allen Engles.

Assistant Surgeon Edward Shippen, next after C. H. Williamson.

The candidates for admission who passed a satisfactory examination are as follows, arranged according to merit:—

- No. 1. Albert L. Gihon, Pennsylvania.
- " 2. John S. Ketchen, Pennsylvania.
- " 3. John Vansant, Virginia.
- " 4. James Laws, Pennsylvania.
- " 5. Edward R. Denby, Virginia.
- " 6. Wm. Johnson, Delaware.
- " 7. Francis L. Galt, Virginia.
- " 8. Stewart Kennedy, Pennsylvania.
- " 9. Wm. M. Page, Virginia.
- " 10. A. Clarkson Smith, Pennsylvania.

College of Physicians and Surgeons, New York.—We regret to see it announced that Dr. J. R. Bartlett continues in ill health, and that he has been compelled thereby to resign the chair of Materia Medica in this

school. He has been appointed Emeritus Professor. Prof. J. M. Smith, who has for many years ably filled the Chair of Practice, has been transferred to that of Materia Medica. Dr. A. Clark takes the chair of Pathology and Practice of Medicine, and Dr. J. C. Dalton, Jr., that of Physiology. Better appointments could scarcely have been made.

The Jews' Hospital (New York).—A new hospital has been added to the list of institutions already in existence in this city; we refer to the Jews' Hospital, so called—having been planned and erected by the munificence and voluntary contributions of members of the Hebrew faith. The hospital is situated in 28th Street, between 7th and 8th Avenues, and can accommodate from 100 to 150 patients. It is built with all modern improvements, being excellently ventilated—with high rooms—hot air furnaces, and every convenience in the way of water and closet accommodations desirable. The house was opened on the 5th of June, for the reception of patients, and numerous applications have already been made. The following is the medical staff:—

Resident and Attending Physician—Dr. MARIE BLUMENTHAL.

Attending Surgeons—Drs. ISRAEL MOSES, TH. P. MARKEO, and ALEX. B. MOTT.

Consulting Physicians—Drs. C. R. GILMAN, W. DETMOLD, WM. B. McCREADY, and W. MAXWELL.

Consulting Surgeons—Drs. VALENTINE MOTT, WILLARD PARKER.—*N. Y. Journal of Medicine*, July, 1855.

Philadelphia Hospital, Blockley.—Changes have recently been made in the medical staff of this Hospital. Dr. R. K. Smith has been elected chief resident medical officer; with the following medical board appointed to conduct clinical lectures:—

Surgeons—Drs. John Neill, H. H. Smith, R. P. Thomas, D. H. Agnew.

Physicians—Drs. J. B. Biddle, J. L. Ludlow, Jos. Carson, H. Hartshorne,

Accoucheurs—Drs. Wilson Jewell, Caspar Morris, R. A. F. Penrose.

This Institution affords extensive opportunities for clinical instruction, the number of inmates being usually about three thousand, and we trust that they will be used to the best advantage by the student.

Pennsylvania College.—The regular course

of lectures will commence on Monday, Oct. 8th, and be continued until 1st March. Clinical instruction will be given by Profs. BIDDLE and NEILL, at the Philadelphia Hospital, Blockley, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The students of Pennsylvania College—both first course and second course—will be furnished gratisitously with the ticket to the Philadelphia Hospital. Second-course students have the option of receiving gratisitously the ticket to the Pennsylvania Hospital. A clinic will also be held at the College, every Wednesday and Saturday morning throughout the session.

OBITUARY RECORD.—Died, on the 15th of July, in the 69th year of his age, Moses B. SMITH, M. D.

At a special meeting of the Northern Medical Association, held July 16, 1855, in reference to the death of Dr. M. B. Smith, the following preamble and resolutions were adopted: —

Whereas, It has been announced to the Association that our presiding officer, Dr. Moses B. Smith, "was called from works to rewards," on the morning of the 15th inst., and it appears fitting for us on this occasion to express our sentiments on account of the bereavement and our opinion of his high worth—therefore,

Resolved, That in the decease of our venerable and lamented President, Dr. M. B. Smith (who was one of the earliest members in our organization, and most assiduous in his attention to the welfare of the Association in every respect), we have sustained an irreparable loss.

Resolved, That we most respectfully and sincerely tender our warmest sympathy to his family in their present affliction.

Resolved, That as a last token of our regard to his departed worth, we will attend the funeral to-morrow afternoon, in our associated character.

Resolved, That a copy of the above proceedings, signed by the Vice-President and Secretary, be sent to the family of the deceased.

Resolved, That a copy be also sent to the editors of the *Medical Examiner* and *Medical News*, with the request to publish.

JOHN RHEIN,
Vice-President.

J. HENRY SMALTZ,
Sec. pro tem.

FOREIGN INTELLIGENCE.

Alleged Cure of Cancer.—M. LANDOLFI, chief surgeon of the Neapolitan army, has of late attracted much attention in Italy and Germany, having seemingly cured cancer by means of the topical use of chloride of bromine, in combination with several other chlorides. This success has produced such sensation as to induce the Emperor of the French to give the author six beds at the Salpêtrière Hospital (where the insane and aged of the female sex are admitted), to afford him a fair opportunity of proving the efficacy of the remedy. This is the right, practical, and sensible way of dealing with such questions. We are in the meanwhile bound to state that *L'Union Médicale*, of May 1, 1855, contains a letter from M. Leriche, of Lyons, who says that he has strong doubts about the actual *bond fide* cancer having ever been cured by the above-named application, as he has steadily used the chloride of bromine for ten months, in various cases of cancer, without having succeeded in warding off the fatal issue of this formidable disease.

The formula of the paste used by M. Landolfi is the following: Chloride of bromine, three parts; chloride of zinc, two parts; chloride of antimony, one part; chloride of gold, one part; powder of liquorice, sufficient to make into a paste. The principal agent is the chloride of bromine, which has lately been used by itself. Cancers of the skin, the epithelial variety, lupus, &c., are treated by a combination of chloride of bromine with basilicon ointment. M. Landolfi's view is to change a malignant ulceration into a simple one. For this purpose he formerly left a piece of linen spread with the paste as long as a fortnight upon the part, but now he uses imbricated pieces of lint similarly spread, and leaves them only twenty-four hours. The surrounding parts are protected by an ointment composed of one drachm of chloroform to an ounce of axunge. The author considers that the chloride of bromine acts, not only topically, but that the specific is absorbed and aids the cure. Hence he gives, as an adjuvant, a certain number of pills which contain a minute proportion of the chloride. When the pledges spread with the caustic paste are taken off, after the above-mentioned twenty-four hours, a line of demarcation is observed which separates the altered from

the healthy tissues. Bread poultices are then applied, or else lettuce leaves, or basilicon ointment, which should be changed every three hours, until the eschar is thrown off, which event takes place from the eighth to the fifteenth day.

Numerous experiments have been made in Italy and Germany, and some successful cases have been recorded. It should be added, that there is much fairness about the proceedings; M. Landolfi does not choose the cases, is anxious to make the remedy extensively known, and publishes the unfavourable as well as the favourable results. The Committee appointed in Paris to report respecting the experiments at the Salpêtrière, is composed of the Physicians of the hospital, Drs. Moisset, Cazalis, and Manec, assisted by MM. Mounier, Broca, and Furnari. This report will be an important document, as the diagnosis will no doubt be very carefully made; but the question of recurrence can only be solved by investigations spreading over several years.

Cantharidine Ointment in Open Cancer.—“Dr. REMY strongly recommends an ointment consisting of 10 parts of powdered cantharides and 30 of lard. It is applied on charpie night and morning. It rapidly induces temporary cicatrization of even deep ulcers, and by its palliative employment cancers may be maintained within moderate limits for a long period of time, and the exhaustion of the powers of the patient so much delayed.”—*Ibid.*

Employment of Chloroform in the French Army of the East.—M. MOUNIER in a communication to the Imperial Academy of Sciences, states that during the six months he has officiated as chief medical officer at Hospital of Dolmar-Bagtche, at Constantinople, he has employed chloroform in several thousand cases, from the slightest to the most serious, and always without the production of any ill effects whatever. His apparatus is of the simplest, consisting of a paper cone, with a base wide enough to embrace both mouth and nostrils, the apex being cut across so as allow of the free ingress of air during inspiration. Here is inserted a little charpie, upon which are dropped 20 to 30 drops of chloroform. The patient is placed horizontally; and experience having shown that light and noise sensibly retard, where they do not even

prevent, the action of the chloroform, the patient's eyes are bandaged, and the most strict silence is enjoined. The pulse, respiration, and duration of inhalation are carefully watched by an intelligent assistant. The cone is alternately brought for a few seconds in contact with the patient's face, and removed; and in proportion as the anesthesia becomes declared, the apparatus is held nearer and longer to the face. The sensibility of the patient is judged of by pinching and interrogating him, and his silence is the signal for commencing the operation. If this lasts a long time, a second, or even a third dose is administered in the same intermittent manner. All the wounded brought to the Hospital from Alma and Inkermann were thus treated, without the least ill effects. M. Mounier believes there is no necessity to carry the inhalation to the extent of procuring the abolition of motion, and still less the sidration of the nervous system. Excitability of the muscular system, rarely observed, was, in place of trying to subdue it by new doses of chloroform, met by the removal of the apparatus, and in a few minutes the patient was found to be in a condition for the commencement of the operation.

“M. Mounier believes that the familiarizing them with the use of chloroform, and teaching them to operate on the dead body, are two benefits that he has conferred on the native pupils of the School of Medicine at Constantinople, being some among those that French Military Medicine will have left in the East.”—*Med. Times and Gazette* (June 16th.)—From *Bull. de Thérap.* Tome XLVIII.

Fixation of the Elbow-joint.—Mr. G. Y. HIRSH, in some clinical observations on a case of ununited fracture of the humerus with fixation of the elbow-joint in a straight position, made the following remarks on the latter condition:—

“The fixation of the elbow-joint did not arise here from ankylosis, as that term is usually understood; it belonged to a class of cases not unfrequently met with, but which do not appear to have attracted the special attention of surgeons. After a bruise or sprain of a joint, when the limb has been kept for some time in one position, or after a fracture, when for some reason the splints have been retained for an unusual length of time, it sometimes happens that the joint implicated,

or in the case of fracture, that several joints became perfectly stiff, immovable by any effort of the patient, or by any gentle force applied by another. These cases fall into the hands of bone-setters, who gain great credit from them. After an examination of the part, the bone-setter will say: ' Oh, the cap of the joint is off, or the guide is out of its place; I must put it in for you ;' and then he forcibly moves the joint in various directions, the movement being attended with one or more crackling sounds, plainly heard by the bystanders, and supposed to indicate the replacement of the displaced cap or guide. After this procedure the patient is able, sometimes immediately, sometimes after a short perseverance in passive motion, to move his limb freely. The practitioner who has been in charge of the case is blamed, whilst the bone-setter is considered a wonderful man. It is difficult to say what is the precise condition of the joint in these cases, as they do not often become the subject of post-mortem examinations. It is not to be supposed that any bony ankylosis exists here, nor indeed any very extensive fibrous union. In some cases where this condition succeeds a fracture, and the flexion of the joint is effected with but little force, it may be that the stiffness is owing merely to some change in the function of the synovial membrane, which no longer secretes its usual fluid, but has become dry and rough, and thus offers an obstacle to the bending of the joint. In other cases, where the joint has been the seat of pain, where considerable force is required to bend it, and where a distinct crackling noise is heard at the time this is effected, it seems most probable that some fibrinous deposit has accrued within or without the joint. Whichever of these opinions may be adopted, it is quite certain, from the results of an extended experience in these cases, that the proper treatment consists in cautiously but forcibly and completely flexing the joint. The limb should be kept at rest for a few days afterwards, and passive motion then employed. This treatment has been now adopted in a considerable number of cases with complete success, and without any bad consequence; as you have had an opportunity of observing, it was completely successful in the present instance. It is necessary to distinguish these cases from those where ankylosis results from severe inflammation, accompanied or not by suppuration.

Apparatus for Injecting the Bladder.—A very ingenious and convenient instrument employed by Mr. COLLINGWOOD is described in the *Med. Times and Gazette*, (June 16th, 1855.) "It consists of a piece of elastic tubing, the size of a quill, and about four feet long, to one end of which a little India-rubber funnel is attached, its opposite end terminating in a widened opening. The latter is fitted over the end of the catheter, which it grasps tightly, accommodating itself to any size. When all is ready, the funnel end is held up at arm's length, and water is simply poured in from a jug. The pressure of the column of fluid suffices to fill the bladder, without the least shaking of the catheter, or other inconvenience. If it is wished to empty the bladder again, all that is necessary is to let the funnel fall into a proper utensil. Besides those just mentioned, the apparatus has great advantages in simplicity, cheapness, portability, etc., over the syringe, and might well take the place of the latter in lithotomy cases. It may easily be carried in the waistcoat pocket, and there is nothing in it likely to excite the fears of the most timid patient. It possesses a further merit of being easily convertible to other uses than that for which it was originally intended; as for instance, in evacuating the female bladder; if the tube be fitted to the end of the catheter, the urine may be conveyed away by the flexible tube, without any need for introducing the utensil into the bed."

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Atheromatous Tumours of Scalp—Evulsion.—Mr. ERICHSEN lately made some very useful clinical remarks at University College Hospital previous to an operation of removing a series of sebaceous growths from under the skin of the head, in a young woman who had been some weeks under treatment. The surgical class were particularly struck with the microscopic characters of these tumours and their contents, appearances so nearly allied to those of the disease termed "molluscum," or enlarged sebaceous follicles in other parts of the body.

Mr. Erichsen confined his remarks to those found on the head, or in the hairy scalp, varying often, as in the present case, from the size of a pea to that of a walnut, and essentially consisting of a diseased sebaceous follicle, lined inside by tessellated epithelium, and containing ordinary atheroma-

tous matter, so like scraped Parmesan cheese, or "pap" of bread, as the term atheroma itself signifies. Large quantities of cholesterine were also observable, as well as a darkish-coloured fluid in the older ones—a sign, Mr. Erichsen remarked, of disintegration not unfrequently followed by ulceration. This sort of bad fungous ulcer on the head may be readily mistaken, when seen for the first time, for a malignant growth if care be not taken to inquire into the history of the case, or other "wens" not looked for. The mode of removal of these tumours before ulcerating is very simple. A single incision is made across the wen or cyst, and then, with a strong drag of a forceps, a sort of evulsion is practised, the entire growth coming out like an almond from its husk or shell. They are found also under the eyelid, and are made worse by any practice but one—namely, passing a small probe through them on the conjunctival surface, and stirring up the contents with the probe dipped in nitric acid. As a matter of minor surgery, a sort of study of "common things," too often neglected in practice, Mr. E. showed how the tumours were removed, by practising evulsion on five or six in as many minutes.

Connection between Rheumatism, Endocarditis, and Chorea.—This subject Mr. Johnston remarks, has of late years engaged the attention of some of our most eminent modern practitioners. There is still, however, considerable difference of opinion as to the relation the above diseases bear to each other. . . . Three chief explanations have been offered of it. It has been said, first, that when chorea supervenes, there is a marked disposition of the rheumatic affection to recede from the joints, and attack the internal fibro-serous membranes, and that, therefore, when we have chorea as a complication, we might infer the existence of the inflamed spinal theca. This theory might appear to receive some support from the case narrated to the Belfast Pathological Society, inasmuch as the joints were not so acutely affected as is usual, and the severity of the spasms causing even opisthotonus, led to the suspicion of the spinal cord being considerably engaged. The second theory is that the cardiac affection may operate as an excentric cause, producing irritation of the afferent nerves, and upon the principle of the reflex function, thus originate the irregular movements. The third and latest view regarding chorea as a blood-disease,

looks upon the association of rheumatism, cardiac complication, and chorea, as owing to these maladies, being the concomitant effects of the same cause—namely, the specific disorder of the circulating fluid.—*Transactions of Belfast Pathological Society.*

Abortive Treatment of Coryza—"M. YVONNEAU states that during several years he has always succeeded in arresting idiopathic coryza within twenty-four hours, by the simple expedient of occluding the nostrils. He spreads gold-beaters' skin with collodion, cutting it into strips, and so applies it as to entirely close the external apertures. The person can go out, and, were it not for the alteration of voice, the application would not be noticed by others. The irritated membrane is thus protected from the cold atmosphere, and is kept in contact with a moist, tepid air only."—*Ibid., Rev. Med.*

Mortality of Medical Men.—In a memoir read before the Physico-Medical Society of Wurzberg, by Dr. ESCHSCHRICUT, are contained some remarks on the variation of the average duration of life in the different professions. From the statistics drawn up in Bavaria, and which coincide with what Casper had already proved, it appears that among the members of the medical profession the highest rate of mortality exists. Three-fourths of the medical men die before the age of 50, and ten-elevenths before 60. Of 1,688 medical men in Bavaria in 1852, four only had passed the age of 80; and of these four none had devoted themselves to the practice of medicine exclusively. The united ages of the oldest ten physicians amounted to 792; while the united ages of the oldest ten in each of the other liberal professions presented the following numbers: Roman Catholic priests, 878 years; professors in the schools, 875 years; Protestant ministers, 865; lawyers, 885 years.—*Association Medical Journal*, April 27, 1855, from *Bulletin de Thérapeutique*.

Death after Treatment of Cancer with Arsenic.—The following particulars show with what impunity quackery is countenanced in England; how little store is set upon human life, whilst those who hazard it unjustifiably meet with protection rather than punishment:—

J. L. Ward was tried before Baron Allderson, at the Winter Assizes, York, Dec.

1854, charged with the manslaughter of Mrs. Lambert, at Bradford.

It appeared that the prisoner was a quack doctor, carrying on business in Wellington street, Leeds, and professing to cure cancer and similar disorders without the use of the knife. The deceased, having an incipient cancer, applied for advice to the prisoner, who attended her for twenty-eight weeks, when she died; upon which an inquiry took place before the coroner, and a verdict of manslaughter against the prisoner was returned.

William Lambert said—The deceased was my wife. In December, 1853, she complained of a slight pain in the breast. Dr. Field attended her, and my wife declined having it cut. About the second week after Christmas we went to Leeds, to the prisoner's house, where on the door, was a plate, "James Lawrence Ward, Curer of Cancer without the use of a Knife." She showed the prisoner her breast, and he said, "It is a cancer." I asked if he could cure it, and he replied that he could. I said I would publish it in the papers if he did. He brought out a small bottle, with a white powder, which he put on a marble slab; then he put some black liquid from another bottle, and mixed them together, and applied the liquid to my wife's breast with a feather. It appeared to give her pain, as if it singed her, and as if it burnt her breast. He put a plaster on, and I paid him five shillings. We then left, and the week following she went to the prisoner again, and returned with a box of salve and pills. The third week we went again, and the prisoner put some white powder on the breast with some lint. This also gave her great pain. The prisoner said that she was going on very well. About this time her appetite failed, and she wasted away. We went to the prisoner for twenty-eight consecutive weeks, and paid five shillings each visit. The prisoner put on the liquid till it ate away the nipple and part of the breast, and the lump she complained of came away also. We then thought all was well, but the sore got worse. The prisoner then said he thought there was another cancer under the old sore. We went for seven weeks after the part of the breast had come away, and then a large lump arose which also came away, and then the prisoner said that he thought all would be right, but she got worse. I went to Dr. Field's for advice about a month before she died, which took place on the 4th of August last.

Medical evidence was given, to the effect that the treatment described was improper and dangerous to life.

His Lordship said that, in his opinion, the treatment of the deceased must be so extravagantly wrong as to amount to *mala fides*; but it was a question for the jury to decide upon.

Mr. Overend then addressed the jury for the prisoner, and contended that the prisoner could not be convicted, unless it could be shown that he was either grossly or wilfully ignorant. Physicians and surgeons had given opinions upon speculations which had been formed upon the treatment which the deceased had received from the prisoner, for they were totally in the dark as to what had been applied. The medical men themselves differed completely upon the mode of treating cancer, and the result was that if Mr. Hey was right in his opinion, Mr. Field ought to be convicted of manslaughter. There was nothing to show that the prisoner had been guilty of gross ignorance, and he had used his best skill for the poor woman, who had refused to have the knife used upon her. Before they could convict the prisoner, they must be satisfied—first, that the prisoner had employed improper remedies; and secondly, that he was guilty of gross negligence or gross ignorance, which had not been established.

His Lordship, in summing up, said, that in order to substantiate the charge against the prisoner, it must be shown that he was guilty of such gross negligence, want of care, or ignorance, that he could not be said to be acting in good faith. The criminal law was not the mode of deciding doubtful points of medical law, and there was a remedy by action at law for want of skill; but when you endeavour to punish a medical man criminally, you must have as your criterion whether he acted *bona fide*. If juries acted otherwise, they would have no scientific experiments made, which would be a great injury to the community; and consequently the rule should be very wide for the benefit of the medical profession themselves!

The jury immediately returned a verdict of Not Guilty.

His Lordship then told the prisoner that after the medical testimony he had heard, he had better take care how he pursued his practice.—*B. and F. Med.-Chirurg. Review*, July, 1855.